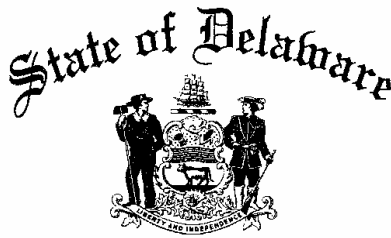


2C

Revised 04/06

MATTHEW DENN  
INSURANCE COMMISSIONER



841 SILVER LAKE BLVD.  
DOVER, DELAWARE 19904-2465  
(302) 739-4251  
FACSIMILE (302) 739-5280

Department of Insurance

PLEASE PRINT OR TYPE

REQUEST FOR AMENDMENT

**PART 1 INDIVIDUAL LICENSEE IDENTIFICATION** (Complete if an amendment is for an individual)

NAME \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

**PART 2 BUSINESS ENTITY** (Complete if amendment is for an existing business entity.)

NAME \_\_\_\_\_ DE LIC # \_\_\_\_\_

F.E.I.N. (IRS) \_\_\_\_\_ PHONE \_\_\_\_\_

**PART 3 TYPE OF LICENSE** (Producer, Adjuster, etc.) \_\_\_\_\_

**PART 4 AMENDMENT REQUEST** (A duplicate license will be issued for all amendment requests.)

Are you applying as a Delaware Resident? ☐ Yes ☐ No

\_\_\_\_\_ **A. Change of Address** (Every license holder must notify the Department of any change in address within 30 days. Note: A new license will not be issued unless a duplicate license is requested – see below.)

**Residence Address Information**

ADDRESS \_\_\_\_\_ SUITE OR BOX NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**Business Address Information**

ADDRESS \_\_\_\_\_ SUITE OR BOX NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS E-MAIL ADDRESS \_\_\_\_\_ BUSINESS WEBSITE ADDRESS \_\_\_\_\_

**Mailing Address Information**

ADDRESS \_\_\_\_\_ SUITE OR BOX NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ **B. Change of Name** (Proof of name change is required for an individual/firm and a **\$10 fee**.)

\_\_\_\_\_ **C. Add the following Line(s) of Authority. (\$10 fee required.)**

**PART 5 DUPLICATE LICENSE REQUEST**

\_\_\_\_\_ Check here to request a duplicate license (**\$10 fee required**.)

Signature \_\_\_\_\_

(Typed Name/Phone) \_\_\_\_\_